Statistical Supplement

Alberta Health Care Insurance Plan

Alberta

91-06404/

PREFACE

This publication is a statistical supplement to the Annual Report of Alberta Health, covering the fiscal year ended March 31, 1990. It contains supplementary statistical data concerning the Alberta Health Care Insurance Plan.

Included in this volume are statistics relating to health care services which were paid by Alberta Health Care, on behalf of registered residents of Alberta, during the 1989-90 fiscal year. Wherever possible, statistics for previous years are shown for comparisons to be made.

Financial Statements for the Alberta Health Care Insurance Plan are contained in the Department's Annual Report.

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Alberta residents registered under the Alberta Health Care Insurance Plan are entitled to specified benefits for Basic Health Services at approved rates. Alberta Health Care also provides premium-free Alberta Blue Cross benefits and Extended Health Benefits for residents aged 65 and older and for their spouses and dependants, as well as for widows and widowers aged 55 to 64 years receiving the Alberta Widows' Pension and for their dependants. Coverage for Alberta Blue Cross benefits on an individual (non-group) basis is also available through Alberta Health Care at reduced rates to residents who are unable to obtain Blue Cross coverage through an employer.

The following section contains some highlights concerning the coverage and payments for benefits under the Alberta Health Care Insurance Plan during the twelve month period from April 1, 1989 to March 31, 1990:

BASIC HEALTH SERVICES

Registration

- During the year, the number of persons entitled to Basic Health Services increased 1.95% to 2,568,211 and the number of registrations increased 2.07% to 1,184,354.
- The number of registrations receiving coverage at reduced premium rates decreased by 10.28% to 111,361 as follows:

	Registrations March 31, 1990	Registrations March 31, 1989
Complete Subsidy — (based on adjusted taxable balance)	95,567	105,795
Partial Subsidy — (based on adjusted taxable balance)	15,794	18,324
Total Subsidized Registrations	111,361	124,119

- The number of registrations in the 65 years of age and older group, who were exempted from premium payment, increased 3.61% to 178,644 and the number of persons covered increased by 3.38% to 260,586.
- The number of registrations with Alberta Widows' Pension coverage decreased by 5.73% to 3,289 and the number of persons covered decreased by 6.18% to 3,627. This group received premium-free coverage.
- The number of registrations in the social allowance recipient group, who received premium-free coverage, decreased 3.34% to 64,564 and the number of persons covered decreased 3.27% to 132,307.
- The number of registrations who did not qualify for the 100% subsidy or social allowance, yet were granted waiver of premium due to current financial difficulties, decreased by 15.07%, from 6,073 registrations in 1988-89 to 5,158 registrations in 1989-90.
- The number of registrations who chose to opt out of Alberta Health Care increased by 5.41% from 74 at March 31, 1989 to 78 at March 31, 1990. This involved 228 persons who were responsible for paying their own health services.

Payment of Benefits

- Total fee-for-service payments for Basic Health Services provided to Alberta residents by practitioners in Alberta increased by 9.40% to $772,810,992 from $706,407,284 in 1988-89.
- Fee-for-service payments for Basic Health Services provided to Alberta residents by practitioners in Alberta and their percentage changes over the previous year were:

Medical	$693,813,313	an	8.80%	increase
Oral Surgery	$ 9,578,365	a	1.72%	decrease
Chiropractic	$ 27,295,641	a	14.52%	increase
Optometry	$ 15,539,191	a	24.17%	increase
Podiatry	$ 3,794,774	a	14.70%	increase
Physical Therapy	$ 22,789,708	an	18.06%	increase
Total	$772,810,992	a	9.40%	increase

- The number of Alberta practitioners who received payments during the year and the percentage changes from the previous year were:

Physicians	3,977	a	1.84%	increase
Dental Surgeons	1,099			no change
Chiropractors	353	a	6.33%	increase
Optometrists	212	a	2.75%	decrease
Podiatrists	26			no change
Physical Therapists	462	a	7.94%	increase
Total	6,129	a	2.01%	increase

- The average fee-for-service payments to Alberta practitioners and the percentage changes over the previous year were:

Physicians	$174,456	a	6.83%	increase
Dental Surgeons	$ 8,716	a	1.71%	decrease
Chiropractors	$ 77,325	a	7.71%	increase
Optometrists	$ 73,298	a	27.69%	increase
Podiatrists	$145,953	a	14.70%	increase
Physical Therapists	$ 49,328	a	9.37%	increase

- Increases in the number of Alberta physicians were registered in most of the specialty groups. The number of physicians and the changes over the previous year were:

General Practitioners	2,197	a	1.10%	increase of	24
Medical Specialists	979	a	6.18%	increase of	57
Surgical Specialists	560	a	1.93%	decrease of	11
Laboratory Specialists	241	a	0.84%	increase of	2
All Practitioners	3,977	a	1.84%	increase of	72

- Average fee-for-service payments to Alberta physicians and the percentage changes over the previous year were:

General Practitioners	$131,648 a	6.81%	increase
Medical Specialists	$131,704 a	7.03%	increase
Surgical Specialists	$224,492 a	10.93%	increase
Laboratory Specialists	$622,113 a	5.54%	increase
All Practitioners	$174,456 a	6.83%	increase

- Among medical and surgical specialists in Alberta, the five specialties with the highest average fee-for-service payments were:
  Dermatologists ($345,543), Ophthalmologists ($328,653), Cardiovascular & Thoracic Surgeons ($312,416), Rhino-Otolaryngologists ($268,198) and Urologists ($221,133).
- The number of medical services per Alberta physician increased to 7,174 from 6,985 in 1988-89, an increase of 2.71%. The number of discrete patients per practitioner also increased by 0.71%, from 562 in 1988-89 to 566 in 1989-90.
- Visit services accounted for nearly one half of the total fee-for-service payments to Alberta physicians in 1989-90 (47.23%). Approximately one quarter (26.22%) of the total payment was for pathology, radiology and other diagnostic related services (15.74%, 4.35% and 6.13%, respectively).
- The number of medical services (provided in Alberta) per 1,000 insured persons rose by 2.59% to 11,109. The percentage changes by type of service ranged from an increase of 15.76% for anaesthesia to a decrease of 5.71% for special visits. Increases were registered for consultations (9.83%), surgical assists (9.38%), major surgery (7.95%), obstetrical services (4.55%), office visits (3.44%), other diagnostic and therapeutic services (2.12%), radiology services (1.78%), pathology services (1.16%) and minor surgery (0.96%). A decrease occurred for hospital visits (– 1.15%).
- The number of persons who received at least one medical service increased by 2.59% to 2,252,060 in 1989-90 from 2,195,125 in 1988-89.
- Of the 2,252,060 discrete patients who received at least one medical service during 1989-90, 33.91% received not more than $100.00 in services. Another 22.39% received more than $100.00 but not more than $200.00, while 21.39% received over $200.00 but not more than $400.00. The remaining 22.31% received more than $400.00 in services. This group of patients accounted for approximately 64% of the total fee-for-service payment in 1989-90.
- The cost per discrete patient (for services provided to Alberta residents by practitioners in Alberta) for Basic Health Services and the percentage changes from the previous year were:

Medical	$308.08 a	6.05%	increase
Oral Surgery	$240.02 a	3.68%	decrease
Chiropractic	$ 99.13 an	8.54%	increase
Optometry	$ 33.81 a	12.95%	decrease
Podiatry	$ 81.95 an	8.33%	increase
Physical Therapy	$168.62 an	8.43%	increase
Total	$330.69 a	6.26%	increase

EXTENDED HEALTH BENEFITS

- The total number of registered persons covered under the Extended Health Benefits (EHB) Program increased by 3.24% to 264,213. Of the covered population, 49.92% received at least one EHB service in Alberta during the year, up slightly from 48.53% in 1988-89.
- Fee-for-service payments for Extended Health Benefits, provided to Alberta residents by practitioners in Alberta, increased by 7.36% to $38,721,220 from $36,065,113 in 1988-89. The payments and the percentage changes from the previous year were:

Dentists	$23,410,597 a	3.86%	increase
Denturists	$ 9,035,042 a	14.13%	increase
Optometrists	$ 2,852,881 a	10.73%	increase
Ophthalmic Dispensers	$ 3,422,700 a	12.88%	increase

- The number of discrete patients for each EHB discipline (with the percentage increase from the previous year in parenthesis) were: Dentists – 81,606 (6.21%), Denturists – 24,047 (9.95%), Optometrists – 24,149 (4.83%) and Ophthalmic Dispensers – 28,964 (5.96%).
- The cost per discrete patient for services provided to Alberta residents by practitioners in Alberta and the percentage changes from the prior year were:

Dentists	$286.87 a	2.21%	decrease
Denturists	$375.72 a	3.80%	increase
Optometrists	$118.14 a	5.63%	increase
Ophthalmic Dispensers	$118.17 a	6.53%	increase
Total	$293.58 a	1.11%	increase

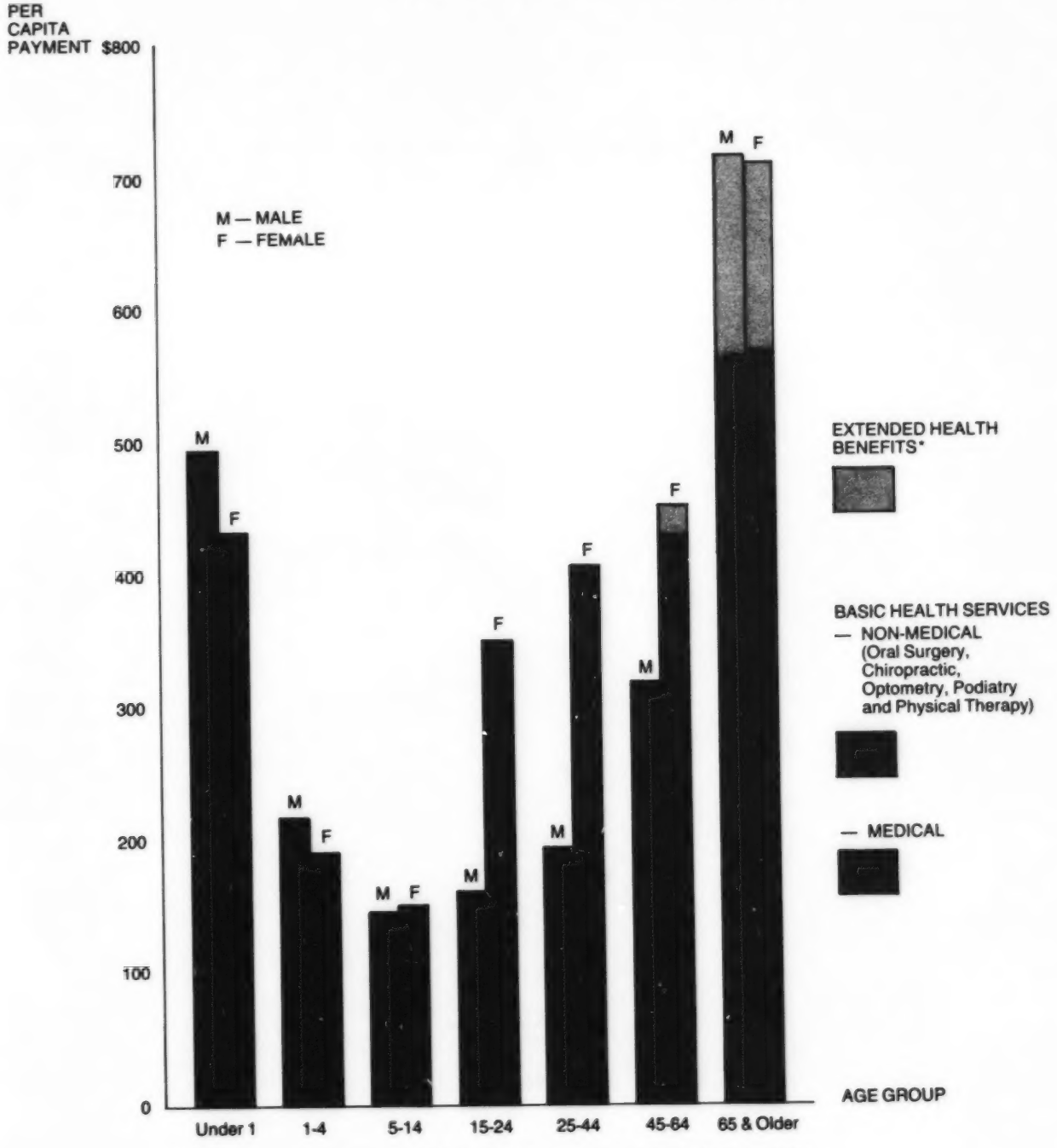
ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

- The number of registrations with Alberta Blue Cross Non-Group coverage increased by 1.56% to 253,571 and the number of persons covered increased by 0.33% to 439,812.
- The number of registrations paying regular premiums increased by 0.70% to 51,128 and the number of persons covered decreased by 0.85% to 126,442.
- The number of registrations receiving coverage at reduced premium rates decreased by 10.78% to 20,510 and the number of persons covered decreased by 10.47% to 49,157.
- The number of registrations who received premium-free coverage under the 65 years of age and older group and Widows' Pension group increased by 3.42% to 181,933 and the number of persons increased by 3.24% to 264,213.

NOTE: The payment data which appear in these highlights and in the statistical tables which follow are compiled on a date-of-payment basis. The Financial Statements of the Health Care Insurance Fund, which appear in the Departmental Annual Report, show expenditures on a date-of-service basis.

FIGURE 1

DISTRIBUTION OF AVERAGE PAYMENTS PER PERSON COVERED FOR BASIC HEALTH SERVICES AND EXTENDED HEALTH BENEFITS BY AGE AND SEX FOR THE YEAR ENDED MARCH 31, 1990



* Covers residents 65 years and older and their spouses and dependants, and widows and widowers receiving the Alberta Widows' Pension and their dependants.

NOTE: Where per capita payment was less than $1.00 it was not indicated.

FIGURE 2

DISTRIBUTION OF PERSONS COVERED FOR BENEFITS BY AGE AND SEX AT MARCH 31, 1990

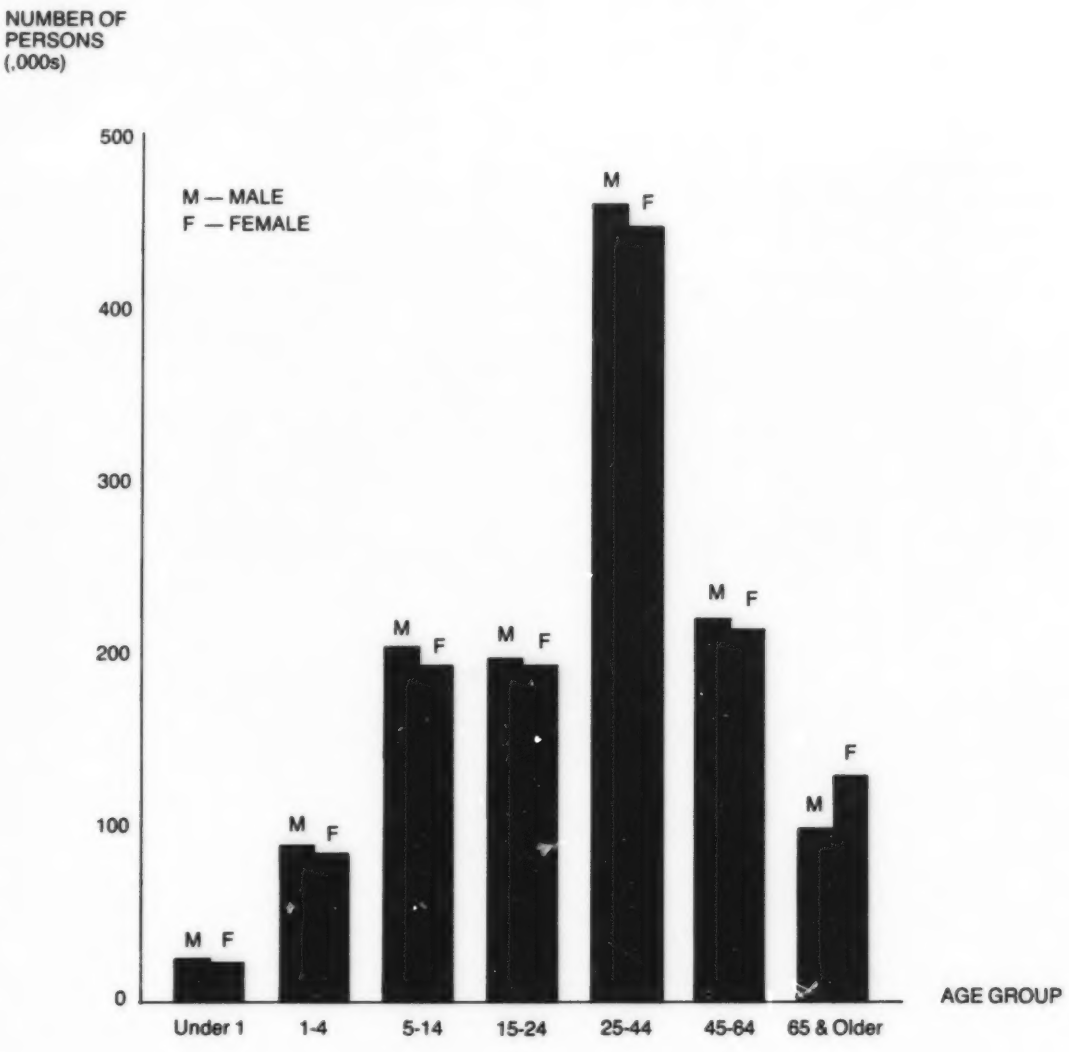


FIGURE 3

NUMBER OF ALBERTA PRACTITIONERS WHO RECEIVED PAYMENT FOR BASIC HEALTH SERVICES FROM THE ALBERTA HEALTH CARE INSURANCE PLAN FOR THE YEARS ENDED MARCH 31

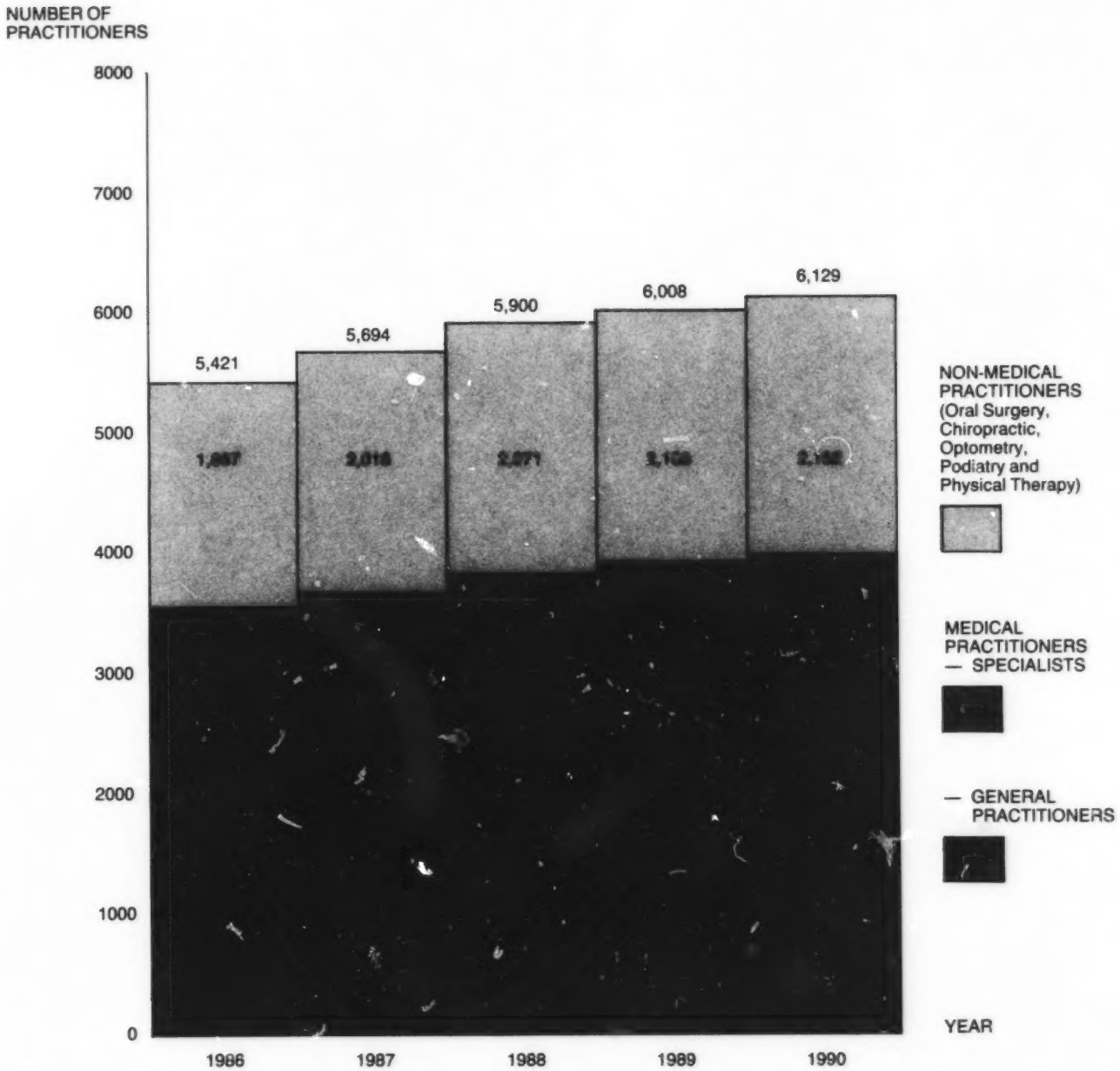
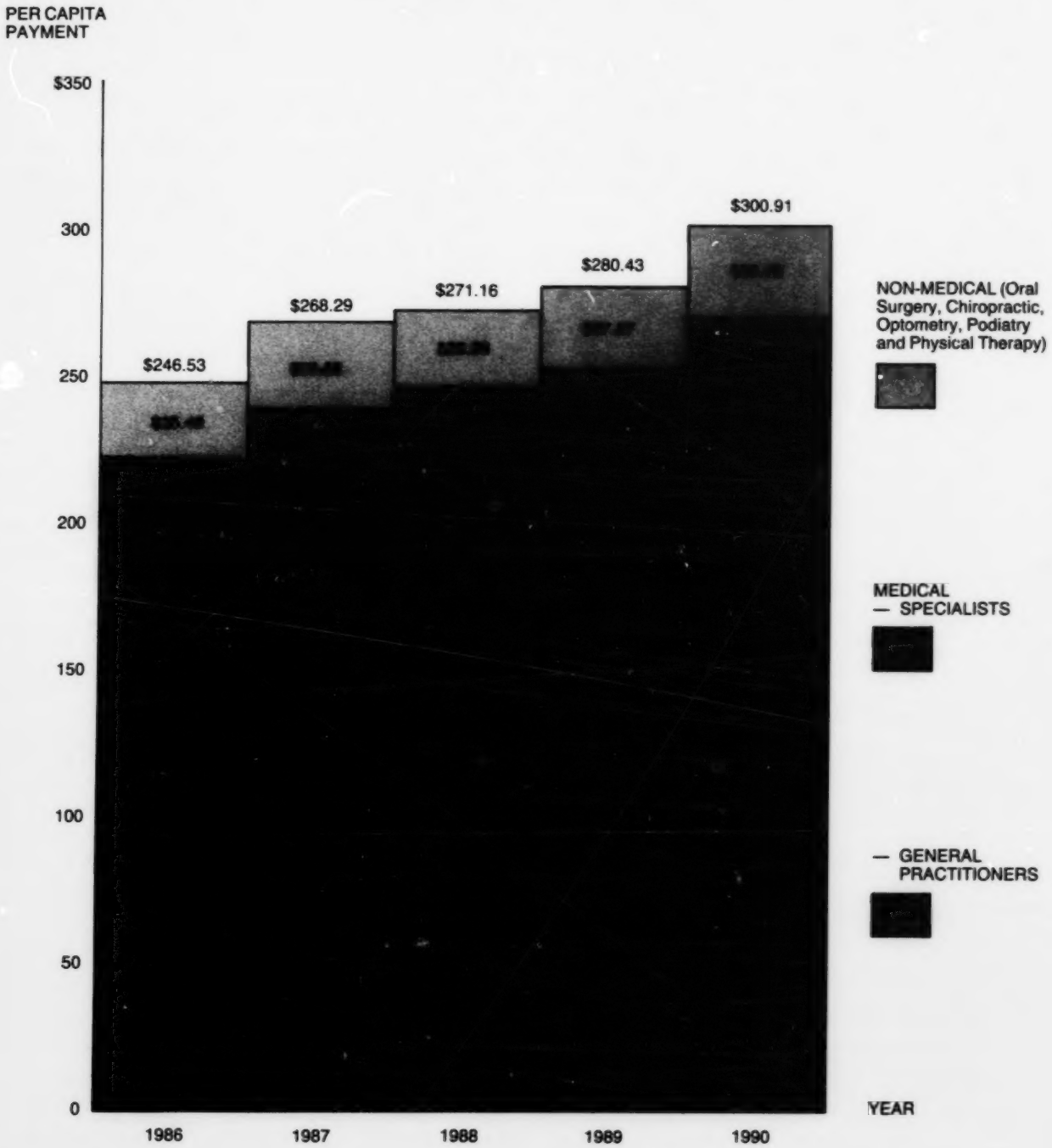


FIGURE 4

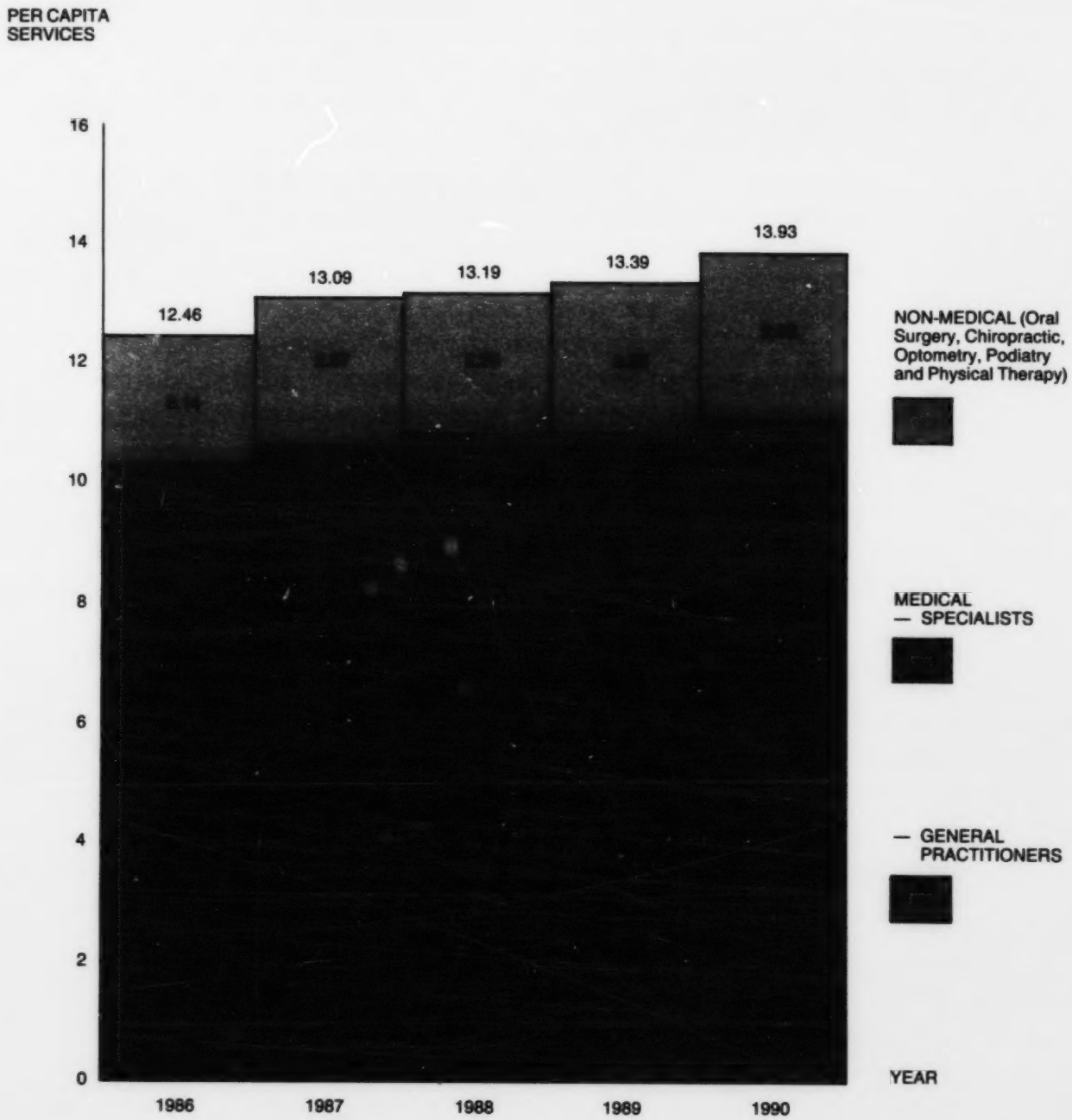
AVERAGE PAYMENT PER PERSON COVERED FOR BASIC HEALTH SERVICES FOR THE YEARS ENDED MARCH 31



NOTE: Only fee-for-service payments to Alberta practitioners are included.

FIGURE 5

AVERAGE NUMBER OF SERVICES PER PERSON FOR BASIC HEALTH SERVICES FOR THE YEARS ENDED MARCH 31



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EXPLANATORY COMMENTS

The following are explanatory remarks relating to statistical tables tabulated from the registration and claims-payment files of the Alberta Health Care Insurance Plan.

(A) Registration

1. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily absent from the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.
2. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.
3. The Alberta Widows' Pension Program was introduced on May 1, 1983 to assist widows and widowers of limited income and aged 55 and older but under age 65, by providing financial, housing and health care benefits similar to those received by Alberta senior citizens. Under the health care benefits portion of the Program, eligible persons and their dependants receive premium-free coverage under the Basic Health Services Program, Extended Health Benefits Program and Alberta Blue Cross Non-Group Membership.
4. Exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted to registrants aged 65 and older and to their spouses and dependants; and to widows and widowers receiving the Alberta Widows' Pension and to their dependants.
5. The premium payment levels indicated are those charged to registrants by the Alberta Health Care Insurance Plan.

(B) Claims-Payment

1. Payments to practitioners represent gross fee-for-service payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.
2. The payment data are tabulated and reported on a date-of-payment basis.
3. Payments include only fee-for-service payments to practitioners for services which were provided to Alberta residents.
4. Payments for Basic Health Services provided to injured workers coming under the Workers' Compensation Act, which are recoverable from the Workers' Compensation Board, are not included in the payment data.
5. The payment data exclude certain adjustments and off-line payments.
6. Under the Extended Health Benefits Program, the Alberta Health Care Insurance Plan paid a major portion of the cost of eyeglasses, dentures and dental care for registrants 65 years of age and older and for their spouses and their dependants; and for widows and widowers receiving the Alberta Widows' Pension and for their dependants.
7. The number of discrete patients is defined as the number of different registered persons receiving at least one service during the period reported.
8. With the exception of 1) practitioners who provide a locum tenens for another practitioner, and 2) claims for laboratory and radiology services, each practitioner must claim for the services which he/she provides.
9. Practitioners may assign the payments to which they are entitled to a clinic of which they are members, and this arrangement is between the practitioner and the clinic. These assignments are recorded as payments to the practitioner who provided the services.
10. Average payment is the arithmetic mean payment. Median payment is the middle payment when all payments are arranged according to size.
11. Osteopathic services were classified as medical services effective October 10, 1973. They were included in medical services for the entire year ended June 30, 1974 and for all subsequent years.
12. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.
13. A new medical specialty of emergency medicine was established for purposes of statistical reporting, beginning with the 1986-87 fiscal year. This new specialty consists of physicians who have a specialty certification in emergency medicine.
14. A new surgical specialty of cardiovascular and thoracic surgery was created for purposes of statistical reporting, beginning with the 1987-88 fiscal year. This new specialty consists of physicians who have a specialty certification in either cardiovascular surgery or thoracic surgery.
15. Physicians who have a certification in general surgery, as well as in either cardiovascular or thoracic surgery, were included in the specialty of cardiovascular and thoracic surgery beginning with the 1987-88 fiscal year.

16. To make statistical data more manageable, a grouping of medical practitioners is necessary for certain cross-tabulations. The grouping consists of (i) General Practitioners, (ii) Medical Specialists, (iii) Surgical Specialists and (iv) Laboratory Specialists. The Medical Specialists group is composed of anaesthetists, dermatologists, internists, neurologists, paediatricians, psychiatrists, physiatrists, and emergency medicine physicians. The Surgical Specialists group is made up of general surgeons, urologists, neurological surgeons, obstetricians-gynaecologists, ophthalmologists, rhino-otolaryngologists, orthopaedic surgeons, plastic surgeons, thoracic surgeons and cardiovascular surgeons. The Laboratory Specialists group consists of pathologists and pathology laboratories, radiologists and radiology laboratories and other laboratories such as E.E.G. (electroencephalogram) laboratories.

17. The Alberta Health Care Insurance Plan changed its procedure for the billing of laboratory services by medical practitioners within clinics. Effective August 1, 1987, all existing pathology and radiology laboratories within clinics were assigned specific billing numbers if the laboratory facility was accredited by the College of Physicians and Surgeons of Alberta. If a clinic had both accredited pathology and radiology laboratories, a separate billing number was assigned to each laboratory facility. All new clinic laboratories were registered with specific billing numbers from this date onwards.

    Laboratory services provided on or after August 1, 1987 by these clinic laboratories were submitted and paid under the specific pathology and radiology billing numbers for the clinic. Prior to August 1, 1987, the laboratory services provided by these clinic laboratories were submitted and paid under the billing number of the practitioner in the clinic who ordered the service.

    Due to this change in billing procedure, the data for the specialties of laboratory/pathologists and laboratory/radiologists for 1987-88 and following years are not comparable to the data for previous years. Some caution, therefore, is recommended in the interpretation of these figures.

18. Some modifications in benefits available under the Alberta Health Care Insurance Plan were made effective August 1, 1987. The changes were as follows:
    - Benefits payable to chiropractors, physical therapists and podiatrists were reduced by 12.5%.
    - Benefits for services provided by dentists, which are covered under Alberta Health Care for non-surgical treatment of Temporo-Mandibular Joint (stress of the jaw joint), were reduced by 50%.
    - Eye examinations for the purpose of prescribing eye glasses or contact lenses, or to determine if a change to prescription is required, continued to be included as an insured service for children 18 years of age and younger, for senior citizens and their dependants, and for widows and widowers receiving the Alberta Widows' Pension and their dependants. Fees paid by Alberta Health Care on behalf of seniors, widows and widowers, and children were set equal for both optometrists and ophthalmologists. For all other patients, eye examinations were no longer covered by Alberta Health Care.
    - Some selected physician services which are not medically required were removed from the Fee Schedule. The majority of these relate to contraception and sterilization services, when not medically required.
    - Senior citizens were no longer required to have a drivers' license medical at 70 years of age. Instead, the first medical is required at age 75, with the second at age 80 and every two years after that. These medicals continued to be covered by Alberta Health Care.
    - The family coverage limits of $400.00 per benefit year for chiropractic, podiatric and physical thereapy benefits were removed and only individual limits of $200.00 per year were applied.

19. Two modifications were made to the coverage under the Alberta Blue Cross Non-Group Plan effective August 1, 1987:
    - Non premium-paying subscribers (seniors, widows and widowers receiving the Alberta Widows' Pension, and their dependants) were no longer eligible to receive coverage under the Alberta Blue Cross Non-Group Plan for preferred accommodations in active treatment hospitals. However, these persons are still eligible to receive preferred accommodations in active treatment hospitals as a benefit under the Alberta Hospitalization Benefits Plan, if it is medically required.
    - The deductible for premium-paying subscribers for non-hospital accommodation benefits was increased to $50.00 from $15.00.

20. Effective April 7, 1988, selected physician services were reinstated as benefits under the Alberta Health Care Insurance Plan. Included was the reinstatement of consultation required under Section 20 of the Alberta Hospitals Act Regulations for sterilization, first caesarean section, D and C, or hysterectomy for patients under age 40; tubal ligations (i.e., sterilization by laparotomy, laparoscopy or colpotomy); vasectomies; and insertion of I.U.D.s, including follow-up visits.

21. The Schedule of Medical Benefits was increased by 0.18% effective June 1, 1988 resulting from changes in the benefits payable for cardiothoracic and vascular surgery services.

22. Standard eye examinations by optometrists and ophthalmologists for the purpose of prescribing eye glasses or contact lenses were reinsured effective July 1, 1988 for persons aged 19 to 64 years, with a limit of one benefit every 2 consecutive benefit years. Also certain optometric benefits were added to the Schedule of Optometric Benefits effective July 1, 1988, including a benefit for a partial visual examination (2 or more single diagnostic procedures), and a benefit for an additional single procedure. The Schedule of Medical Benefits was increased by 0.35% effective July 1, 1988 resulting from an increase to $50.00 in the benefits payable for a complete eye examination or consultation by an ophthalmologist.

23. Effective July 1, 1988, the following benefits were reinstated:
    - Physical Therapy benefits were increased to $19.60 from $17.15 per person per day. This restored the benefits to the rate prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.
    - Chiropractic benefits per visit were increased to $12.00 from $10.50 and x-rays were increased to $19.90 from $17.40. This restored the benefits to the rates prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.
    - Podiatry benefits were increased overall by about 14.29% under the approved schedule of fees. This reinstated podiatric benefits to the rates prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.

NOTE

The statistics in the following tables cannot be used as an accurate measure of a full-time practitioner's income as:

(1) practitioners receive income from other sources (e.g. Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by Alberta Health Care);

(2) both full-time and part-time practitioners are included in the statistics;

(3) the figures quoted are gross payments from which practitioners pay their office expenses.

MEDICAL BENEFITS **TABLE 1**

SELECTED INDICATORS

For the years ended March 31

	1988	1989	1990	Percentage Change 1989/1988	Percentage Change 1990/1989
Number of Registered Persons	2,480,943	2,518,973		1.53%	
Number of Medical Practitioners					
All Practitioners	3,829	3,905		1.98%	
General Practitioners	2,149	2,173		1.12%	
Medical Specialists	881	922		4.65%	
Surgical Specialists	562	571		1.60%	
Laboratory Specialists	237	239		0.84%	
Total Medical Payments	$609,324,574	$637,700,792		4.66%	
Total Number of Medical Services	26,874,732	27,276,842		1.50%	
Number of Medical Services Per Practitioner	7,019	6,985		−0.48%	
Total Medical Payment Per 1,000 Persons	$ 245,602	$ 253,159		3.08%	
Total Number of Services Per 1,000 Persons	10,832	10,829		−0.03%	
Average Payments					
All Practitioners	$ 159,134	$ 163,304		2.62%	
General Practitioners	120,474	123,251		2.31%	
Medical Specialists	120,800	123,048		1.86%	
Surgical Specialists	191,593	202,365		5.62%	
Laboratory Specialists	575,219	589,445		2.47%	
Median Payments					
All Practitioners	$ 123,096	$ 127,324		3.43%	
General Practitioners	122,238	126,463		3.46%	
Medical Specialists	110,870	109,748		−1.01%	
Surgical Specialists	187,392	198,661		6.01%	
Laboratory Specialists	42,495	36,355		−14.45%	
Discrete Patients (Medical)	2,166,055	2,195,125		1.34%	
Discrete Patients Per Practitioner	566	562		−0.71%	

NOTES: A. Only fee-for-service items paid to practitioners in Alberta are included.

B. See notes in "Explanatory Comments".

TABLE 2

DECOMPOSITION OF CHANGES IN ANNUAL MEDICAL PAYMENTS INTO EXPLANATORY FACTORS ON A DATE-OF-PAYMENT BASIS

For the Years Ended March 31, 1983 to 1990

Year Ending March 31	Total (1) (%)	Payment Runs (2) (%)	Population (3) (%)	Price (4) (%)	Utilization	
					Capacity (5) (%)	Service Intensity (6) (%)
1983	28.82	2.48	2.58	15.19	1.52	7.05
1984	11.87	−2.19	0.71	5.88	0.71	6.76
1985	4.33	2.01	−0.10	0.50	0.47	1.45
1986	8.82	0.00	0.60	0.00	2.11	6.11
1987	9.06	−2.14	0.77	5.02	1.73	3.68
1988	3.46	0.00	0.50	1.18	−0.15	1.93
1989	4.66	0.00	1.16	1.81	0.49	1.20
1990	8.80	0.00	1.57	3.02	1.16	3.05

METHOD:

Total Medical fee-for-service payments measured on a date-of-payment basis relate to services provided in the payment year, and to services provided in the previous year. Since date-of-payment data are sensitive to the number of cheque issuances, the data are adjusted by the Payment Runs variable, and as such, ensure comparability between the payment periods. In order to express changes in the annual amount of total payments in terms of changes in explanatory factors, which are measured on a date-of-service basis, it is necessary to apply an adjustment to those factors. The adjustment takes the form of weights applied to the annual change in each of the explanatory factors, and are derived from the proportion of payments associated with services provided in the payment year, and those associated with services provided in the previous year. The weights are required to account for any distortions caused by the lag between service date and payment date. Percentage change in total payments is expressed as the sum of percentage change in the explanatory factors. The factor decomposition is derived from the model of medical payments which states:

Total Payments = Population × Price × Capacity × Service Intensity

From which it follows that:

Change in Total Payments = Population Change + Price Change + Capacity Change + Service Intensity Change

NOTES:

(1) Percentage change in fee-for-service payments provided to Alberta residents by Alberta physicians measured on a date-of-payment basis.
(2) Percentage change in the amount of payments related to the number of cheque issuances made during the year.
(3) Percentage change in the eligible population.
(4) Percentage change in the Schedule of Medical Benefits.
(5) Percentage change in the ratio of the number of persons who had at least one physician encounter during the year, (discrete patient), to the eligible population.
(6) Percentage change in the benefit weighted number of services per discrete patient, which avoids assigning equal weights to each service. Otherwise, changes in the number of office visits and changes in the number of heart surgeries would be treated the same.

MEDICAL SERVICES PER 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE

For the years ended March 31, 1980 to 1990

TABLE 3

Type of Service	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	Percentage Change (1990/1989)	Annual Average Percentage Change (1980-1990)
Consultations	206	214	222	250	281	307	319	333	346	346			6.31%
Office Visits	3,117	3,217	3,195	3,511	3,731	3,993	4,176	4,410	4,515	4,533			4.17
Hospital Visits	754	693	665	728	792	824	839	818	740	693			−0.96
Special Visits	143	142	136	107	87	88	105	89	117	140			−0.80
Major Surgery	64	62	60	66	72	73	86	84	83	88			4.03
Minor Surgery	94	100	100	106	114	112	125	117	107	104			1.11
Surgical Assists	26	28	26	26	27	30	31	31	30	32			3.02
Obstetrical Services	22	21	22	22	23	22	25	22	22	22			0.45
Anaesthesia	139	140	139	148	163	165	184	180	181	184			4.36
Radiology Services	293	284	269	288	289	309	316	330	342	338			1.62
Pathology Services	2,137	2,239	2,323	2,633	2,816	3,031	3,263	3,422	3,446	3,454			5.04
Other Diagnostic and Therapeutic Services	585	604	611	654	754	802	854	877	903	895			4.56
TOTAL	7,580	7,744	7,768	8,539	9,149	9,756	10,323	10,713	10,832	10,829			3.90

NOTES: A. Included are medical services provided in Alberta on a fee-for-service basis.

B. Special visits include routine home visits, emergency home visits and other home visits.

C. See notes in "Explanatory Comments".

BASIC HEALTH SERVICES

TABLE 4

PERCENTAGE CHANGES IN THE SCHEDULE OF BENEFITS

Effective Date \ Discipline	Medical	Oral Surgery	Chiropractic	Optometry	Podiatry	Physical Therapy·
	(%)	(%)	(%)	(%)	(%)	(%)
July 1, 1970	6.95	Nil	18.99	25.00	25.63	N.A.
November 1, 1972	0.62	Nil	Nil	Nil	Nil	N.A.
October 1, 1973	4.00	Nil	Nil	Nil	Nil	N.A.
October 1, 1974	4.00	Nil	Nil	Nil	Nil	N.A.
March 1, 1975	7.20	Nil	Nil	Nil	Nil	N.A.
January 1, 1976	9.00	9.00	9.00	9.00	9.00	N.A.
January 1, 1977	7.00	7.00	7.00	7.00	7.00	N.A.
January 1, 1978	6.47	6.47	6.47	6.47	6.47	N.A.
January 1, 1979	7.00	7.00	7.00	7.00	7.00	N.A.
January 1, 1980	15.50	10.50	9.00*	8.50	9.00	N.A.
January 1, 1981	15.40**	11.60	11.00	11.00	11.00	N.A.
January 1, 1982	16.47	9.00	13.00	13.00	13.00	14.18··
July 1, 1982	4.12***	Nil	Nil	Nil	Nil	Nil
January 1, 1983	5.00	5.00	5.00	5.00	5.00	6.00···
April 1, 1986	4.65	4.65	4.65	4.65	4.65	4.65
October 1, 1986#	1.53	0.33	Nil	Nil	Nil	Nil
August 1, 1987**	Nil	−45.16	−12.50	27.77	−12.50	−12.50
April 1, 1988	1.48***	Nil	Nil	Nil	Nil	Nil
June 1, 1988	0.18@	Nil	Nil	Nil	Nil	Nil
July 1, 1988	0.35@@	Nil	14.29@@@	Nil	14.29@@@	14.29@@@
April 1, 1989	2.99	Nil	Nil	Nil	Nil	Nil
July 1, 1989	Nil	Nil	Nil	10.24	Nil	Nil
August 1, 1989	Nil	0.60	3.00	Nil	3.00	3.00

N.A.: Not Applicable.

NOTES:

* Effective March 1, 1980.

** Effective March 1, 1981, annualized to 12.80%.

*** Added benefits to deal with substantive issues, including payments for mandatory consultations, re-designation of the workday start, differentials for evenings and nights, and differentials for week-ends and holidays.

· Fee-for-service physical therapy became an insured benefit of the Alberta Health Care Insurance Plan on July 1, 1981.

·· Effective February 1, 1982, annualized to 13.00%.

··· Effective March 1, 1983, annualized to 5.00%.

\# An agreement was reached between the Government of Alberta and the Alberta Medical Association to end extra-billing effective October 1, 1986 for all medically required services which are insured under the Alberta Health Care Insurance Plan. Subsequently, the Alberta Dental Association also agreed to end extra-billing for any oral surgical procedures insured by Alberta Health Care. The changes to the medical and oral surgery schedules effective October 1, 1986 are related to the elimination of extra-billing.

** The following changes in benefit rates were made effective August 1, 1987: 1) The benefits payable to chiropractors, podiatrists and physical therapists were reduced by 12.5%. 2) Benefits for services provided by dentists relating to the non-surgical treatment of Temporo-Mandibular Joint (stress on the jaw) were reduced by 50%. This translated into an overall reduction of 45.16% for all oral surgery benefits. 3) The benefit rate paid by Alberta Health Care for eye examinations performed by optometrists was increased by 27.77%, from $24.85 to $31.75.

*** To address inequities in the Schedule.

@ Resulting from changes in the benefits payable for cardio-thoracic and vascular surgery services.

@@ Resulting from an increase in the benefits payable for a complete medical eye examination or consultation by an ophthalmologist to $50.00.

@@@ Reinstatement of benefit rates to the April 1, 1986 level.

PERCENTAGE CHANGES IN THE SCHEDULE OF MEDICAL BENEFITS BY SPECIALTY (1)

TABLE 5

Specialty \ Effective Date	(2) July 1 1970	(3) Nov. 1 1972	(3) Oct. 1 1973	(4) Oct. 1 1974	Mar. 1 1975	Jan. 1 1976	Jan. 1 1977	Jan. 1 1978	(6) Jan. 1 1979	Jan. 1 1980
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
General Practitioners	6.95	Nil	7.12	4.00	7.75	8.55	8.32	7.50	7.47	17.15
Anaesthetists	6.95	16.46	Nil	4.00	9.03	4.81	6.00	3.60	7.99	20.99
Dermatologists	6.95	– 5.04	Nil	4.00	3.56	6.03	4.74	5.25	5.74	11.04
General Surgeons	6.95	Nil	4.96	4.00	2.40	7.92	7.27	7.13	6.90	16.74
Urologists	6.95	Nil	Nil	4.00	2.47	7.65	5.41	5.03	5.31	16.50
Internists	6.95	1.45	6.68	4.00	10.30	7.35	6.03	6.13	6.40	15.72
Neurologists	6.95	0.76	Nil	4.00	8.81	7.95	6.84	5.51	6.68	14.37
Neurological-Surgeons	6.95	Nil	8.77	4.00	1.70	6.18	4.84	6.03	7.37	15.53
Obstetricians-Gynaecologists	6.95	– 3.29	Nil	4.00	2.63	7.30	5.74	5.82	4.45	14.94
Ophthalmologists	6.95	Nil	Nil	4.00	2.69	8.03	5.42	5.60	6.46	15.21
Rhino-Otolaryngologists	6.95	Nil	Nil	4.00	2.35	6.94	4.74	4.12	5.59	13.56
Orthopaedic Surgeons	6.95	Nil	Nil	4.00	2.38	7.18	3.77	4.14	5.77	14.51
Paediatricians	6.95	2.19	4.43	4.00	10.63	8.85	6.92	7.36	6.13	15.09
Psychiatrists	6.95	Nil	Nil	4.00	18.76	7.17	8.20	7.14	7.98	20.29
Plastic Surgeons	6.95	Nil	Nil	4.00	2.29	5.07	3.41	3.60	4.26	9.84
Physical Medicine and Rehabilitation	6.95	4.96	Nil	4.00	33.93	12.83	7.77	7.29	11.27	39.83
Thoracic Surgeons	6.95	Nil	Nil	4.00	1.73	6.45	3.39	3.40	3.85	8.64
Allergists	6.95	– 5.01	Nil	4.00	(5)	N.A.	N.A.	N.A.	N.A.	N.A.
Emergency Medicine	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Laboratory/Pathologists	6.95	– 10.65	Nil	4.00	7.27	11.82	6.30	5.45	8.13	9.53
Laboratory/Radiologists	6.95	– 4.95	Nil	4.00	7.45	10.52	4.74	4.85	6.35	11.07
All Physicians	6.95	0.62	4.00	4.00	7.20	9.00	7.00	6.47	7.00	15.50

N.A.: Not Applicable.

(1) All percentage changes are calculated by using a base-weight index method.

(2) When the Alberta Health Care Insurance Plan was established effective July 1, 1969, the Schedule of Medical Benefits was set at 93.5% of the Alberta Medical Association's 1969 Fee Schedule. The Schedule of Medical Benefits was increased by 6.95% effective July 1, 1970 to cover 100% of the Profession's 1969 Fee Schedule.

(3) Spill-over effects are not included.

(4) Spill-over effects are included, beginning October 1, 1974.

(5) Allergists are included in their certified specialists, beginning March 1, 1975.

(6) In addition to the overall 7.00% increase, amendments granted to assessment rules pertaining to haemoglobin and urinalysis tests supplied in conjunction with visits resulted in an undetermined economic impact.

TABLE 5 Continued

Specialty \ Effective Date	Mar. 1 1981	Jan. 1 1982	(7) July 1 1982	Jan. 1 1983	Apr. 1 1986	(8) Oct. 1 1986	(9) Apr. 1 1988	(10) June 1 1988	(11) July 1 1988	April 1 1989
	%	%	%	%	%	%	%	%	%	%
General Practitioners	16.42	17.40	N/A	4.43	4.83	1.33	2.15	--	Nil	2.95
Anaesthetists	12.35	17.03	N/A	1.63	7.38	0.14	5.07	Nil	Nil	8.62
Dermatologists	14.00	10.18	N/A	4.68	2.83	-10.63	-0.58	Nil	Nil	1.88
General Surgeons	15.48	15.76	N/A	4.31	5.32	-0.17	2.11	0.31	Nil	2.75
Urologists	16.24	15.46	N/A	4.29	5.41	-0.01	0.96	0.02	Nil	2.66
Internists	15.08	15.39	N/A	4.77	4.08	1.01	1.97	--	Nil	2.78
Neurologists	15.27	21.97	N/A	8.33	4.03	Nil	1.92	Nil	Nil	3.28
Neurological-Surgeons	15.11	18.80	N/A	14.62	5.40	Nil	2.41	0.03	Nil	2.81
Obstetricians-Gynaecologists	14.01	14.68	N/A	4.77	5.81	15.58	1.41	Nil	Nil	2.87
Ophthalmologists	13.86	15.01	N/A	4.28	3.75	2.20	-0.12	Nil	14.25	1.18
Rhino-Otolaryngologists	13.23	12.97	N/A	3.82	3.70	-2.78	0.05	0.01	Nil	3.64
Orthopaedic Surgeons	13.65	14.72	N/A	4.19	6.17	0.04	2.08	--	Nil	3.26
Paediatricians	14.88	18.80	N/A	5.88	4.17	1.50	5.09	Nil	Nil	7.32
Psychiatrists	18.29	18.69	N/A	4.42	10.09	Nil	4.23	Nil	Nil	2.55
Plastic Surgeons	13.69	13.31	N/A	4.05	4.42	-19.97	-0.15	0.06	Nil	2.52
Physical Medicine and Rehabilitation	26.09	16.36	N/A	2.81	2.91	Nil	0.29	Nil	Nil	1.58
Thoracic Surgeons	10.12	8.84	N/A	3.35	5.61	1.91	1.15	35.13	Nil	0.59
Allergists	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Emergency Medicine	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	1.80	0.02	Nil	2.43
Laboratory/Pathologists	12.67	15.18	N/A	10.04	3.24	0.02	-1.47	Nil	Nil	2.55
Laboratory/Radiologists	18.79	17.26	N/A	5.06	2.81	Nil	0.37	Nil	Nil	1.44
All Physicians	15.40	16.47	4.12	5.00	4.65	1.53	1.48	0.18	0.35	2.99

--: Non-zero value.

N/A: Not Available.

N.A.: Not Applicable.

(7) Represents the calculated impact of additional benefits, including payments for mandatory consultations, redesignation of the work day start, differentials for evening and night services and differentials for weekend and holiday services. A breakdown of this increase by specialty is not available.

(8) Within the agreement to end extra-billing by physicians effective October 1, 1986, the Extraordinary Medical Services Assessment Fund (EMSAF) was established to compensate a participating physician for insured services rendered in the care of the sick where such services constitute extraordinary services having regard to the circumstances of the case. The economic impact of the EMSAF is included in the overall percentage increase for all physicians, but not in the percentage changes at the specialty level.

(9) To address inequities in the Schedule.

(10) Resulting from changes in the benefits payable for cardio-thoracic and vascular surgery services.

(11) Resulting from an increase in the benefits payable for a complete medical eye examination or consultation by an ophthalmologist to $50.00.

REGISTRATIONS AND PERSONS COVERED

at March 31

TABLE 6

	Registrations			Percentage Change		Persons			Percentage Change	
	1988	1989	1990	1989/88	1990/89	1988	1989	1990	1989/88	1990/89
Individual	401,503	408,649		1.78%		817,904	824,862		0.85%	
Group	501,326	509,030		1.54%		1,279,425	1,301,408		1.72%	
Registrant or Spouse Age 65 or Older	166,291	172,420		3.69%		243,801	252,063		3.39%	
Widows' Pension	3,590	3,489		-2.81%		4,026	3,866		-3.97%	
Social Allowance Recipients	66,355	66,792		0.66%		135,787	136,774		0.73%	
TOTAL	1,139,065	1,160,380		1.87%		2,480,943	2,518,973		1.53%	

NOTE: See notes in "Explanatory Comments".

REGISTRATIONS AND PERSONS COVERED BY METHOD OF PREMIUM COLLECTION AND SUBSIDY LEVEL at March 31, 1990

TABLE 7

	One Person		Two Persons		Three or More Persons		Total	
	Registrations	Persons	Registrations	Persons	Registrations	Persons	Registrations	Persons
Non Subsidized								
Individual	177,580	177,580	49,998	99,996	91,006	365,823	318,584	643,399
Group	163,404	163,404	113,199	226,398	231,309	918,320	507,912	1,308,122
TOTAL	340,984	340,984	163,197	326,394	322,315	1,284,143	826,496	1,951,521
Subsidized								
One-Third Reduced								
Individual	3,113	3,113	1,046	2,092	1,740	7,086	5,899	12,291
Group	578	578	265	530	454	1,819	1,297	2,927
Two-Thirds Reduced								
Individual	3,565	3,565	1,451	2,902	2,179	8,894	7,195	15,361
Group	585	585	349	698	469	2,042	1,403	3,325
Full Reduction								
Individual	47,187	47,187	15,120	30,240	20,683	84,089	82,990	161,516
Group	7,638	7,638	1,891	3,782	3,048	13,330	12,577	24,750
TOTAL	62,666	62,666	20,122	40,244	28,573	117,260	111,361	220,170
Registrant or Spouse Age 65 or Older	100,960	100,960	74,384	148,768	3,300	10,858	178,644	260,586
Widows' Pension	3,024	3,024	211	422	54	181	3,289	3,627
Social Allowance Recipients	33,460	33,460	11,778	23,556	19,326	75,291	64,564	132,307
TOTALS:								
Individual	231,445	231,445	67,615	135,230	115,608	465,892	414,668	832,567
Group	172,205	172,205	115,704	231,408	235,280	935,511	523,189	1,339,124
Registrant or Spouse Age 65 or Older	100,960	100,960	74,384	148,768	3,300	10,858	178,644	260,586
Widows' Pension	3,024	3,024	211	422	54	181	3,289	3,627
Social Allowance Recipients	33,460	33,460	11,778	23,556	19,326	75,291	64,564	132,307
TOTAL	541,094	541,094	269,692	539,384	373,568	1,487,733	1,184,354	2,568,211

NOTE: See notes in "Explanatory Comments".

BASIC HEALTH SERVICES

TABLE 8

Persons Covered by Age and Sex
at March 31

Age	Male 1988	Male 1989	Male 1990	Percentage Change 1989/88	Percentage Change 1990/89	Female 1988	Female 1989	Female 1990	Percentage Change 1989/88	Percentage Change 1990/89	Total 1988	Total 1989	Total 1990	Percentage Change 1989/88	Percentage Change 1990/89
Under 1	21,940	20,779		-5.29%		20,740	20,268		-2.28%		42,680	41,047		-3.83%	
1 - 4	88,117	88,404		0.33%		83,601	83,780		0.21%		171,718	172,184		0.27%	
5 - 14	193,255	198,122		2.52%		183,586	187,981		2.39%		376,841	386,103		2.46%	
15 - 24	202,798	199,204		-1.77%		200,098	195,463		-2.32%		402,896	394,667		-2.04%	
25 - 44	439,659	448,970		2.12%		424,939	435,281		2.43%		864,598	884,251		2.27%	
45 - 64	207,803	213,394		2.69%		201,500	206,549		2.51%		409,303	419,943		2.60%	
65 & Older	93,271	96,350		3.30%		119,636	124,428		4.01%		212,907	220,778		3.70%	
TOTAL	1,246,843	1,265,223		1.47%		1,234,100	1,253,750		1.59%		2,480,943	2,518,973		1.53%	

NOTE: See notes in "Explanatory Comments".

DISTRIBUTION OF PAYMENTS FOR BASIC HEALTH SERVICES

TABLE 9

For the years ended March 31

	Total 1988	Total 1989	Total 1990	Practitioners 1988	Practitioners 1989	Practitioners 1990	Registrants 1988	Registrants 1989	Registrants 1990
Medical	$609,324,574	$637,700,792		$608,582,578	$636,946,706		$ 741,996	$ 754,086	
Oral Surgery	14,547,380	9,746,451		14,456,835	9,685,558		90,545	60,893	
Chiropractic	21,261,271	23,833,876		21,223,102	23,801,446		38,169	32,430	
Optometry	7,476,314	12,514,115		5,514,213	10,818,098		1,962,101	1,696,017	
Podiatry	3,023,503	3,308,468		3,023,403	3,308,448		100	20	
Physical Therapy	17,094,412	19,303,582		17,092,668	19,301,686		1,744	1,896	
TOTAL	$672,727,454	$706,407,284		$669,892,799	$703,861,942		$2,834,655	$2,545,342	

NOTES: A. Included are payments for Basic Health Services provided in Alberta.

B. See notes in "Explanatory Comments".

TOTAL AND AVERAGE GROSS PAYMENTS TO PRACTITIONERS

TABLE 10

For the years ended March 31

	Number of Practitioners			Percentage Change		Total Paid			Percentage Change		Average Payments			Percentage Change	
	1988	1989	1990	1989/1988	1990/1989	1988	1989	1990	1989/1988	1990/1989	1988	1989	1990	1989/1988	1990/1989
Medical	3,829	3,905		1.98%		$609,324,574	$637,700,792		4.66%		$159,134	$163,304		2.62%	
Oral Surgery	1,075	1,099		2.23%		14,547,380	9,746,451		-33.00%		13,532	8,868		-34.47%	
Chiropractic	332	332		—		21,261,271	23,833,876		12.10%		64,040	71,789		12.10%	
Optometry	220	218		-0.91%		7,476,314	12,514,115		67.38%		33,983	57,404		68.92%	
Podiatry	21	26		23.81%		3,023,503	3,308,468		9.42%		143,976	127,249		-11.62%	
Physical Therapy	423	428		1.18%		17,094,412	19,303,582		12.92%		40,412	45,102		11.61%	
TOTAL	5,900	6,008		1.83%		$672,727,454	$706,407,284		5.01%						

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE TO ALL PRACTITIONERS

TABLE 11

For the years ended March 31

	Total			Medical			Oral Surgery			Chiropractic			Optometry			Podiatry			Physical Therapy		
$ Range	1988	1989	1990	1988	1989	1990	1988	1989	1990	1988	1989	1990	1988	1989	1990	1988	1989	1990	1988	1989	1990
Less than 10,000	1,220	1,367		374	378		717	883		26	18		23	10		2	1		78	77	
10,000 – 19,999	461	369		185	172		183	120		20	16		29	15			2		44	44	
20,000 – 39,999	584	469		227	250		109	50		51	47		96	46		1	1		100	75	
40,000 – 59,999	495	498		235	240		24	25		71	61		53	62		1	2		111	108	
60,000 – 79,999	385	450		244	257		13	7		59	69		14	51			2		55	64	
80,000 – 99,999	376	363		289	262		9	1		53	49		2	13		3	3		20	35	
100,000 – 119,999	343	342		306	279		5	3		24	35		1	11		1	2		6	12	
120,000 – 139,999	370	356		344	331		3	2		17	14			3		1	1		5	5	
140,000 – 159,999	354	349		342	329		2	1		6	11		1	1		2	3		1	4	
160,000 – 179,999	305	316		296	301		1	2		3	6		1	1		2	3		2	3	
180,000 – 199,999	225	271		220	264		3	3			3			1		2					
200,000 – 299,999	581	628		569	616		5	1		1	2			3		5	5		1	1	
300,000 – 399,999	132	147		130	145		1							1		1	1				
400,000 – 499,999	22	33		22	33																
500,000 – 599,999	18	15		17	15					1											
600,000 – 699,999	5	10		5	8			1			1										
700,000 – 799,999	6	4		6	4																
800,000 and Over	18	21		18	21																
TOTAL	5,900	6,008		3,829	3,905		1,075	1,099		332	332		220	218		21	26		423	428	

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

B. See notes in "Explanatory Comments".

AVERAGE AND MEDIAN GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS

TABLE 12

For the years ended March 31

	Number of Practitioners			Average Payments			Percentage Change		Median Payments			Percentage Change	
	1988	1989	1990	1988	1989	1990	1989/1988	1990/1989	1988	1989	1990	1989/1988	1990/1989
TOTAL	3,829	3,905		$ 159,134	$ 163,304		2.62%		$123,096	$127,324		3.43%	
General Practitioners	2,149	2,173		120,474	123,251		2.31%		122,238	126,463		3.46%	
Total Specialists	1,680	1,732		208,587	213,555		2.38%		125,897	129,286		2.69%	
Laboratory Specialists	237	239		575,219	589,445		2.47%		42,495	36,355		-14.45%	
Other Specialists	1,443	1,493		148,371	153,382		3.38%		136,217	138,591		1.74%	
SPECIALISTS BY SPECIALTY													
Anaesthetists	174	180		$ 121,368	$ 129,307		6.54%		$128,837	$143,421		11.32%	
Dermatologists	23	24		334,936	320,216		-4.39%		331,913	304,665		-8.21%	
General Surgeons	160	158		165,862	172,380		3.93%		167,421	172,022		2.75%	
Urologists	36	40		187,672	180,165		-4.00%		197,180	197,771		0.30%	
Internists	317	331		126,179	126,248		0.05%		103,141	102,481		-0.64%	
Neurologists	31	30		114,115	112,884		-1.08%		85,725	82,893		-3.30%	
Neurological Surgeons	14	18		179,731	160,142		-10.90%		156,658	145,860		-6.89%	
Obstetricians-Gynaecologists	121	122		200,153	207,825		3.83%		190,318	200,092		5.14%	
Ophthalmologists	70	70		248,818	287,933		15.72%		199,081	265,509		33.37%	
Rhino-Otolaryngologists	31	31		250,579	268,316		7.08%		255,644	274,446		7.35%	
Orthopaedic Surgeons	81	86		166,282	164,620		-1.00%		171,981	184,654		7.37%	
Paediatricians	147	156		100,185	102,216		2.03%		81,606	70,314		-13.84%	
Psychiatrists	149	154		103,729	108,254		4.36%		101,987	101,248		-0.72%	
Plastic Surgeons	30	29		171,587	195,468		13.92%		171,841	202,186		17.66%	
Physical Medicine & Rehabilitation	12	12		77,200	73,536		-4.75%		81,083	68,112		-16.00%	
Cardiovascular & Thoracic Surgeons	19	17		202,352	268,901		32.89%		214,564	319,567		48.94%	
Emergency Medicine	28	35		105,628	109,018		3.21%		112,596	121,199		7.64%	
Laboratory/Pathologists**	72	79		1,349,400	1,266,454		-6.15%		15,694	16,518		5.25%	
Laboratory/Radiologists**	159	153		243,263	263,606		8.36%		54,921	55,052		0.24%	
Laboratory/Others**	6	7		81,872	70,821		-13.50%		86,228	63,268		-26.63%	

** Payment information for all physicians other than laboratory specialists refers to billings for a particular physician only. With respect to laboratory physicians, billings for more than one physician may be included under one practitioner or billing number.

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE TO ALL PRACTITIONERS

TABLE 13

For the year ended March 31, 1990

$ Range	All Practitioners		General Practitioners		All Specialists		Anaesthetists		Dermatologists		General Surgeons	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 1,117,851	357	$ 588,692	194	$ 529,159	163	$ 16,394	9	$		$ 14,478	8
10,000- 19,999	2,132,972	148	1,007,394	70	1,125,578	78	44,714	3			72,061	5
20,000- 39,999	7,641,113	261	3,590,449	124	4,050,664	137	258,338	9			154,022	5
40,000- 59,999	11,256,801	226	5,631,386	112	5,625,415	114	412,294	8			140,119	3
60,000- 79,999	16,951,418	244	8,591,235	124	8,360,183	120	830,151	12			498,688	7
80,000- 99,999	23,031,170	256	14,010,231	157	9,020,939	99	1,103,530	12			529,983	6
100,000-119,999	30,132,712	274	19,095,052	173	11,037,660	101	1,388,873	13	117,769	1	740,877	7
120,000-139,999	34,875,029	268	24,976,148	192	9,898,881	76	1,428,493	11			1,307,096	10
140,000-159,999	50,254,579	336	35,569,519	237	14,685,060	99	2,524,399	17	143,078	1	1,301,564	9
160,000-179,999	49,784,675	294	35,200,603	208	14,584,072	86	2,347,435	14	162,285	1	1,528,803	9
180,000-199,999	53,365,798	282	32,373,780	171	20,992,018	111	5,468,345	29	192,694	1	1,098,495	6
200,000-299,999	178,238,468	744	89,833,606	382	88,404,862	362	11,118,439	49	2,094,022	8	11,455,432	46
300,000-399,999	57,402,380	171	14,094,161	43	43,308,219	128	688,370	2	2,211,549	6	6,620,845	19
400,000-499,999	28,008,640	64	2,563,738	6	25,444,902	58			2,309,046	5	2,486,821	6
500,000-599,999	9,662,079	18	2,104,234	4	7,557,845	14			553,176	1		
600,000-699,999	2,568,851	4			2,568,851	4						
700,000-799,999	5,259,074	7			5,259,074	7						
800,000 and Over	132,129,703	23			132,129,703	23			854,949	1		
TOTAL	$693,813,313	3,977	$289,230,228	2,197	$404,583,085	1,780	$27,629,775	188	$8,638,568	25	$27,949,284	146

TABLE 13 Continued

$ Range	Urologists		Internists		Neurologists		Neurological Surgeons		Obstetricians-Gynaecologists		Ophthalmologists	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 5,666	2	$ 102,474	28	$ 9,401	3	$ 101	1	$ 8,581	5	$ 12,950	2
10,000- 19,999			219,874	16	44,089	3			42,262	3		
20,000- 39,999			1,165,258	38	32,837	1			151,029	5	98,674	3
40,000- 59,999			1,550,155	31	381,258	8			356,762	7	158,462	3
60,000- 79,999	74,645	1	2,060,572	30	370,752	5	63,599	1	752,672	11	70,312	1
80,000- 99,999			2,337,879	26	98,372	1	96,102	1	444,108	5	391,752	4
100,000-119,999	114,359	1	2,635,759	24	223,568	2	100,438	1	451,794	4	230,017	2
120,000-139,999	407,729	3	1,285,504	10	125,822	1	138,544	1	255,230	2		
140,000-159,999	154,203	1	2,213,609	15	291,227	2	298,287	2	448,767	3	148,400	1
160,000-179,999	162,395	1	2,536,410	15	172,292	1	178,978	1	868,175	5	339,368	2
180,000-199,999	198,790	1	3,423,127	18	371,443	2	393,891	2	1,288,182	7	757,648	4
200,000-299,999	5,047,756	21	17,133,137	69	706,702	3	1,487,550	6	8,999,249	36	2,787,075	11
300,000-399,999	975,965	3	5,854,365	17	364,824	1	323,339	1	5,405,957	16	5,133,804	15
400,000-499,999	819,278	2	2,179,860	5	431,077	1			3,993,069	9	6,209,581	14
500,000-599,999			533,144	1					1,618,816	3	1,651,384	3
600,000-699,999									1,290,817	2		
700,000-799,999									770,435	1	3,763,546	5
800,000 and Over											1,581,423	1
TOTAL	$7,960,786	36	$45,231,127	343	$3,623,664	34	$3,080,829	17	$27,145,905	124	$23,334,396	71

TABLE 13 Continued

$ Range	Rhino-Otolaryngologists		Orthopaedic Surgeons		Paediatricians		Psychiatrists		Plastic Surgeons		Physical Medicine and Rehabilitation	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$		$ 5,087	3	$ 68,508	17	$ 50,886	12	$ 4,824	1	$	
10,000- 19,999					252,529	17	48,510	4			17,526	1
20,000- 39,999	35,422	1	87,687	3	687,611	24	492,677	16	22,623	1	73,132	2
40,000- 59,999	42,748	1	379,899	8	776,939	16	506,701	10			46,015	1
60,000- 79,999	70,927	1	290,265	4	579,522	9	1,646,062	23			275,778	4
80,000- 99,999	98,894	1	271,641	3	625,255	7	1,576,928	17	193,113	2	171,410	2
100,000-119,999			445,726	4	1,627,158	15	1,341,589	12			100,513	1
120,000-139,999			776,338	6	1,066,245	8	1,418,141	11	131,810	1		
140,000-159,999	147,768	1	140,804	1	1,776,514	12	2,269,872	15	441,528	3		
160,000-179,999			1,346,536	8	850,020	5	2,564,001	15	342,376	2	171,042	1
180,000-199,999	744,063	4	1,717,636	9	2,081,307	11	2,088,847	11				
200,000-299,999	2,300,495	9	6,677,817	27	5,567,639	23	6,682,927	28	3,134,622	13		
300,000-399,999	3,910,098	12	2,294,069	7	1,924,610	6	311,763	1	1,582,356	5		
400,000-499,999	1,262,218	3	811,572	2	453,830	1			403,929	1		
500,000-599,999	506,093	1										
600,000-699,999												
700,000-799,999												
800,000 and Over												
TOTAL	$9,118,726	34	$15,245,077	85	$18,337,687	171	$20,998,904	175	$6,257,181	29	$855,416	12

TABLE 13 Continued

$ Range	Cardiovascular and Thoracic Surgeons		Emergency Medicine		Laboratory/Pathologists*		Laboratory/Radiologists*		Laboratory/Others*	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$		$		105,812	34	$ 123,997	38	$	
10,000- 19,999					169,378	12	195,177	13	19,458	1
20,000- 39,999			30,459	1	242,789	10	458,665	16	59,441	2
40,000- 59,999	44,772	1	97,919	2	228,488	5	502,884	10		
60,000- 79,999	79,303	1			128,887	2	568,048	8		
80,000- 99,999	90,460	1	451,205	5			358,129	4	182,178	2
100,000-119,999			883,395	8	100,702	1	434,445	4	100,678	1
120,000-139,999			900,645	7			657,284	5		
140,000-159,999	309,026	2	728,718	5	152,071	1	1,051,820	7	143,405	1
160,000-179,999			336,897	2			677,059	4		
180,000-199,999			193,849	1	199,295	1	774,406	4		
200,000-299,999	230,053	1			1,077,436	4	1,904,511	8		
300,000-399,999	2,070,158	6			370,944	1	3,265,203	10		
400,000-499,999	2,243,709	5					1,840,912	4		
500,000-599,999	556,009	1					2,139,223	4		
600,000-699,999					642,378	1	635,656	1		
700,000-799,999							725,093	1		
800,000 and Over					103,382,184	12	26,311,147	9		
TOTAL	$5,623,490	18	$3,623,087	31	$106,800,364	84	$42,623,659	150	$505,160	7

* Payment information for all physicians other than laboratory specialists refers to billings for a particular physician only. With respect to laboratory physicians, billings for more than one physician may be included under one practitioner or billing number.

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF GROSS AVERAGE PAYMENTS TO MEDICAL PRACTITIONERS
ACCORDING TO GROUP OF SPECIALTIES
BY DOLLAR RANGE AND ALBERTA PRACTICE YEAR
For the year ended March 31, 1990

TABLE 14

GENERAL PRACTITIONERS

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	32	$ 4,194	88	$ 2,901	21	$ 2,984	17	$ 3,478	36	$ 2,150	194	$ 3,034
10,000 – 19,999	18	14,556	24	14,557	4	16,260	7	14,304	17	13,580	70	14,391
20,000 – 39,999	23	27,788	52	29,508	15	28,359	17	29,058	17	29,266	124	28,955
40,000 – 59,999	16	50,899	30	48,174	15	50,377	20	50,398	31	51,876	112	50,280
60,000 – 79,999	19	67,735	41	69,658	22	69,728	21	70,410	21	68,367	124	69,284
80,000 – 99,999	11	86,263	43	89,612	30	89,392	30	90,399	43	88,705	157	89,237
100,000 – 119,999	5	109,491	57	111,434	26	111,576	55	109,009	30	109,981	173	110,376
120,000 – 139,999	4	129,758	51	130,381	42	131,699	52	129,499	43	128,892	192	130,084
140,000 – 159,999	2	144,729	58	150,569	62	149,268	83	150,777	32	149,310	237	150,082
160,000 – 179,999			43	170,459	60	169,305	67	168,831	38	168,445	208	169,234
180,000 – 199,999	1	182,998	33	188,336	47	189,396	58	190,138	32	188,940	171	189,320
200,000 – 299,999			94	232,023	81	232,760	171	237,381	36	238,271	382	235,167
300,000 – 399,999			4	321,282	17	331,667	16	332,640	6	308,076	43	327,771
400,000 – 499,999			1	407,006	1	451,375	3	427,541	1	422,736	6	427,290
500,000 – 599,999					2	518,808	2	533,310			4	526,059
600,000 – 699,999												
700,000 – 799,999												
800,000 and Over												
TOTAL	131	$ 42,935	619	$111,591	445	$153,376	619	$164,296	383	$116,396	2,197	$131,648

MEDICAL SPECIALISTS

TABLE 14 Continued

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	10	$ 4,324	19	$ 2,729	11	$ 5,031	9	$ 4,702	20	$ 2,746	69	$ 3,589
10,000 – 19,999	13	12,848	14	14,905	5	16,445	5	12,927	6	14,659	43	14,198
20,000 – 39,999	13	29,850	28	28,830	19	29,579	23	32,196	9	28,804	92	29,968
40,000 – 59,999	5	46,673	25	51,180	13	46,916	18	47,963	15	52,345	76	49,622
60,000 – 79,999	5	70,118	30	67,025	13	70,928	17	70,140	18	71,503	83	69,432
80,000 – 99,999	5	91,577	20	93,052	12	88,190	18	91,650	15	89,179	70	90,923
100,000 – 119,999	7	107,000	16	109,665	16	106,568	14	111,052	23	111,294	76	109,456
120,000 – 139,999	2	121,548	13	129,768	12	129,849	14	129,851	7	131,237	48	129,684
140,000 – 159,999	2	144,214	14	150,572	20	146,901	14	148,465	17	149,085	67	148,469
160,000 – 179,999	1	161,488	10	173,551	21	168,509	10	168,191	12	168,566	54	169,266
180,000 – 199,999			16	190,393	21	190,201	22	188,233	14	188,426	73	189,310
200,000 – 299,999			37	238,502	49	246,775	55	240,812	39	234,401	180	240,571
300,000 – 399,999			3	350,992	8	349,643	16	343,334	6	335,337	33	344,105
400,000 – 499,999			2	447,158	2	420,102	5	456,835	3	451,707	12	447,818
500,000 – 599,999			1	553,176			1	533,144			2	543,160
600,000 – 699,999												
700,000 – 799,999												
800,000 and Over							1	854,949			1	854,949
TOTAL	63	$ 48,923	248	$112,401	222	$147,538	242	$158,006	204	$132,303	979	$131,704

SURGICAL SPECIALISTS

TABLE 14 Continued

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	2	$ 4,881	4	$ 867	1	$ 7,796	4	$ 675	11	$ 2,542	22	$ 2,349
10,000 – 19,999			1	10,957					7	14,767	8	14,290
20,000 – 39,999	3	34,074	5	30,849					10	29,299	18	30,525
40,000 – 59,999	1	57,122	10	48,599	2	45,348	2	49,973	8	48,626	23	48,816
60,000 – 79,999	1	60,438	5	73,492	2	72,914	5	70,779	14	69,485	27	70,386
80,000 – 99,999			5	88,518	2	92,116	3	94,480	13	92,753	23	92,002
100,000 – 119,999	1	115,389	4	111,146	3	109,792	2	101,232	9	110,156	19	109,643
120,000 – 139,999	1	133,460	5	133,255	2	126,894	5	127,925	10	132,360	23	131,163
140,000 – 159,999			2	149,159	3	151,203	7	148,389	11	145,427	23	147,406
160,000 – 179,999			4	170,497	4	173,702	6	169,250	14	169,596	28	170,237
180,000 – 199,999			2	193,672	7	191,091	6	187,590	18	186,010	33	187,839
200,000 – 299,999			25	245,813	28	260,868	66	245,402	51	244,586	170	247,765
300,000 – 399,999			12	338,850	11	325,874	36	339,723	25	337,429	84	337,102
400,000 – 499,999			5	440,777	11	430,146	14	426,254	12	443,928	42	434,052
500,000 – 599,999			1	511,245	2	555,170	3	514,088	2	584,226	8	541,538
600,000 – 699,999					1	611,784			1	679,033	2	645,409
700,000 – 799,999			1	788,530	2	742,396	2	745,112			6	755,664
800,000 and Over									1	1,581,423	1	1,581,423
TOTAL	9	$ 53,155	91	$194,048	81	$275,620	161	$262,040	217	$ 198,457	560	$ 224,492

NOTE: A. The number of years in Alberta is obtained from the "List of Members of the College of Physicians & Surgeons of Alberta". The date of registration with the College of Physicians and Surgeons is used as the beginning date of practice in Alberta.

PERCENTAGE DISTRIBUTION OF MEDICAL PAYMENTS BY TYPE OF SERVICE AND SPECIALTY

TABLE 15

For the year ended March 31, 1990

	Consul-tations	Visits			Major Surgery	Minor Surgery	Surgical Assists	Obstetrical Services	Anaes-thesia	Radiology Services	Pathology Services	Other Diagnostic and Therapeutic Services	Total
		Office	Hospital	Special									
All Practitioners	8.34%	40.82%	4.59%	1.82%	8.44%	1.57%	0.53%	3.11%	4.56%	4.35%	15.74%	6.13%	100.00%
General Practitioners	0.30	31.69	3.21	1.70	0.41	0.93	0.40	1.44	0.69	0.09	0.18	0.66	41.70
Anaesthetists	0.05	0.04	0.01						3.80			0.07	3.97
Dermatologists	0.41	0.41				0.08			0.03		0.10	0.21	1.24
General Surgeons	0.59	0.66	0.12	0.05	2.16	0.11	0.05	0.01		0.02		0.26	4.03
Urologists	0.27	0.06	0.02		0.50	0.04	0.01					0.25	1.15
Internists	2.81	1.05	0.69	0.03	0.15	0.01	0.01		0.04		0.06	1.67	6.52
Neurologists	0.40	0.03	0.03								0.03	0.03	0.52
Neurological Surgeons	0.06	0.01	0.02		0.34	0.01							0.44
Obstetricians-Gynaecologists	0.52	0.66	0.05	0.02	0.61	0.04	0.01	1.66			0.02	0.32	3.91
Ophthalmologists	0.36	1.44			1.26	0.03						0.27	3.36
Rhino-Otolaryngologists	0.38	0.17	0.01		0.40	0.17						0.19	1.32
Orthopaedic Surgeons	0.55	0.20	0.03		1.32	0.02	0.03					0.04	2.19
Paediatricians	0.82	1.34	0.34	0.02		0.01					0.01	0.10	2.64
Psychiatrists	0.56	2.45	0.01									0.01	3.03
Plastic Surgeons	0.14	0.09	0.01		0.56	0.05						0.05	0.90
Physical Medicine & Rehabilitation	0.07	0.01	0.03									0.01	0.12
Cardiovascular & Thoracic Surgeons	0.04	0.01			0.70	0.01	0.02					0.03	0.81
Emergency Medicine		0.44	0.01		0.02	0.06						0.01	0.54
Laboratory	0.01	0.06			0.01					4.24	15.34	1.95	21.61

NOTES: A. Only fee-for-service payments made to practitioners in Alberta are included.

B. Special visits include routine home visits, emergency home visits and other home visits.

C. See notes in "Explanatory Comments".

MEDICAL SERVICES AND PAYMENTS PER 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE BY AGE AND SEX

For the year ended March 31, 1990

TABLE 16

Type of Service \ Age Group		Under 1		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 and Older		All Age Groups	
		Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid
Consultations	M	824	$ 66,888	255	$ 16,268	200	$ 11,623	193	$ 10,378	251	$ 14,215	455	$ 28,601	859	$ 56,145	326	$ 19,921
	F	667	55,767	195	12,397	179	10,290	366	19,329	467	25,193	543	32,275	741	47,881	434	25,176
Office Visits	M	10,885	255,112	5,605	129,507	3,212	76,114	2,917	68,158	3,180	75,253	4,268	99,802	6,157	143,177	3,855	90,445
	F	10,198	238,642	5,236	120,786	3,356	77,847	5,531	128,196	5,834	139,124	6,032	142,932	6,361	148,150	5,531	130,167
Hospital Visits	M	3,566	79,909	385	8,448	128	2,856	176	3,665	203	3,994	714	12,568	3,964	65,200	633	11,518
	F	3,159	72,624	291	6,324	134	2,945	293	6,608	295	5,940	657	11,512	3,875	61,950	738	13,276
Special Visits	M	234	11,275	142	6,776	83	3,864	84	4,169	59	2,809	71	2,938	507	13,944	112	4,480
	F	200	9,679	124	5,916	79	3,654	81	4,067	64	3,004	79	3,195	800	20,405	152	5,356
Major Surgery	M	69	23,931	43	9,800	39	7,565	56	12,821	68	15,254	110	34,695	226	85,102	79	22,141
	F	32	13,156	28	5,784	33	6,100	61	12,559	118	20,857	185	33,701	215	70,876	110	23,456
Minor Surgery	M	77	5,817	146	7,866	112	5,229	152	6,512	110	4,559	95	3,904	103	4,252	115	5,077
	F	25	2,324	87	4,616	71	3,000	108	3,609	104	3,408	98	3,307	86	3,133	94	3,395
Surgical Assists	M	18	839	7	370	7	367	19	886	21	929	60	2,052	121	3,893	32	1,214
	F	5	239	4	163	6	292	26	1,408	43	2,170	54	2,116	84	2,984	38	1,682
Obstetrical Services	M																
	F					--	121	97	33,170	89	33,831	--	76			46	16,858
Anaesthesia	M	267	13,606	171	9,278	93	5,085	147	7,663	141	7,392	261	14,592	528	32,589	189	10,474
	F	174	8,182	113	6,034	82	4,406	229	13,686	284	16,722	272	15,277	361	25,146	238	14,179
Radiology Services	M	106	2,566	100	2,109	176	3,804	262	6,825	302	8,884	455	13,894	512	16,191	301	8,613
	F	107	2,699	83	1,738	167	3,755	243	7,424	368	14,798	737	32,640	660	24,725	386	14,924
Pathology Services	M	1,934	22,820	1,522	18,075	1,131	13,472	1,277	15,606	1,755	22,491	3,316	41,132	4,848	56,932	2,075	25,548
	F	1,854	21,437	1,735	19,370	1,513	17,749	5,811	66,507	6,063	73,624	5,681	72,984	6,085	73,866	4,925	59,628
Other Diagnostic & Therapeutic Services	M	261	7,032	540	3,290	922	4,201	593	5,410	643	8,293	997	26,854	1,631	48,319	802	13,090
	F	187	4,810	382	2,876	757	4,030	978	18,069	1,090	23,961	1,273	27,397	1,429	35,267	1,026	20,083
TOTAL	M	18,241	$489,795	8,916	$211,787	6,103	$134,180	5,876	$142,093	6,733	$164,073	10,802	$281,032	19,456	$525,744	8,519	$212,521
	F	16,608	429,559	8,278	186,004	6,377	134,189	13,824	314,632	14,819	362,632	15,611	377,412	20,697	514,383	13,718	328,180

--: Non-zero value.

NOTES: A. Included are medical services provided in Alberta on a fee-for-service basis.

B. Special Visits include routine home visits, emergency home visits and other home visits.

DISTRIBUTION OF DISCRETE MEDICAL PATIENTS BY AGE GROUP AND SEX
For the year ended March 31, 1990

TABLE 17

AGE GROUP	NUMBER OF PATIENTS		
	MALE	FEMALE	TOTAL
Under 1	19,922	19,001	38,923
1 - 4	86,169	81,720	167,889
5 - 14	171,961	164,158	336,119
15 - 24	159,661	189,900	349,561
25 - 44	353,775	422,449	776,224
45 - 64	177,601	191,574	369,175
65 & Older	92,968	121,201	214,169
TOTAL	1,062,057	1,190,003	2,252,060

NOTES: A. "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF DISCRETE PATIENTS BY PAYMENT RANGE FOR MEDICAL SERVICES
For the year ended March 31, 1990

TABLE 18

Payment Range	Number of Discrete Patients	% Distribution of Discrete Patients	% Distribution of Payments	% Distribution of Services
$ 0.01 – 10.00	4,433	0.20%	0.00%	0.02%
10.01 – 25.00	180,209	8.00%	0.53%	0.65%
25.01 – 50.00	209,990	9.32%	1.18%	1.36%
50.01 – 100.00	369,060	16.39%	3.93%	4.63%
100.01 – 200.00	504,312	22.39%	10.56%	12.74%
200.01 – 400.00	481,685	21.39%	19.73%	23.54%
400.01 – 600.00	203,915	9.06%	14.35%	15.87%
600.01 – 800.00	109,476	4.86%	10.90%	10.82%
800.01 – 1,000.00	64,301	2.86%	8.26%	7.54%
1,000.01 – 1,200.00	39,961	1.77%	6.29%	5.34%
1,200.01 – 1,400.00	24,984	1.11%	4.66%	3.84%
1,400.01 & Over	59,734	2.65%	19.61%	13.65%
TOTAL	2,252,060	100.00%	100.00%	100.00%

NOTES: A. "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

B. See notes in "Explanatory Comments".

DISTRIBUTION OF MEDICAL PRACTITIONERS AND AVERAGE PAYMENTS BY REGION

TABLE 19

For the year ended March 31, 1990

Region	Grand Total		General Practitioners		Specialists	
	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments
i. Calgary	1,355	$176,653	664	$124,213	691	$227,044
II. Edmonton	1,761	180,343	920	120,740	841	245,544
III. Lethbridge	239	161,382	148	164,808	91	155,809
IV. Medicine Hat	93	188,360	51	154,050	42	230,022
V. Peace River	289	150,545	241	157,292	48	116,669
VI. Red Deer	240	155,290	173	147,492	67	175,427
TOTAL	3,977	$174,456	2,197	$131,648	1,780	$227,294

NOTE: See notes in "Explanatory Comments"

OUT-OF-COUNTRY BASIC HEALTH SERVICES

TABLE 20

Distribution of Fee-For-Service Payments And Number of Services

For the year ended March 31, 1990

	United States		Rest of the World		Total Out-of-Country	
	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments
Medical*	49,648	$2,008,456	10,670	$296,367	60,318	$2,304,823
Oral Surgery	10	1,140	2	113	12	1,253
Chiropractic	3,011	36,879	215	2,498	3,226	39,377
Optometry	70	2,122	13	370	83	2,492
Podiatry	213	6,982	5	112	218	7,094
Physical Therapy	244	3,980	5	99	249	4,079
TOTAL	53,196	$2,059,559	10,910	$299,559	64,106	$2,359,118

* Does not include medical services which were paid under the Out-of-Province Supplementary Assistance Program or Emergency Financial Assistance Program.

BASIC HEALTH SERVICES

TABLE 21

Fee-For-Service Payments and Services Per Registration and Patient
For the year ended March 31, 1990

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Medical	$693,813,313	28,531,275	$24.32	1,097,890	$631.95	26	2,252,060	$308.08	13
Oral Surgery	9,578,365	62,184	154.03	38,284	250.19	2	39,906	240.02	2
Chiropractic	27,295,641	2,202,163	12.39	198,055	137.82	11	275,363	99.13	8
Optometry	15,539,191	520,193	29.87	339,139	45.82	2	459,539	33.81	1
Podiatry	3,794,774	157,731	24.06	43,268	87.70	4	46,305	81.95	3
Physical Therapy	22,789,708	4,310,477	5.29	125,273	181.92	34	135,155	168.62	32
TOTAL	$772,810,992	35,784,023	$21.60	1,119,708	$690.19	32	2,336,979	$330.69	15

NOTES: A. Included are Basic Health Services provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta.

C. See notes in "Explanatory Comments".

FEE-FOR-SERVICE MEDICAL PAYMENTS AND SERVICES PER REGISTRATION AND PATIENT

TABLE 22

For the years ended March 31, 1987 to 1990

Year	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration†	Number of Patients	Cost Per Patient	Number of Services Per Patient†	Number of Registered Persons
1987	$588,938,394	26,375,647	$22.33	1,046,477	$562.78	25	2,152,846	$273.56	12	2,462,017
1988	609,324,574	26,874,732	22.67	1,054,882	577.62	25	2,166,055	281.31	12	2,480,943
1989	637,700,792	27,276,842	23.38	1,073,010	594.31	25	2,195,125	290.51	12	2,518,973
1990	693,813,313	28,531,275	24.32	1,097,890	631.95	26	2,252,060	308.08	13	2,568,211
Percentage Change (%)	8.80	4.60	4.02	2.32	6.33	4.00	2.59	6.05	8.33	1.95
Annual Average Percentage Change (%)	5.61	2.65	2.89	1.61	3.94	1.32	1.51	4.04	2.70	1.42

† Rounded to the nearest whole number.

NOTES: A. Included are medical services provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta.

C. See notes in "Explanatory Comments".

BASIC HEALTH SERVICES AND EXTENDED HEALTH BENEFITS

TABLE 23

Number of Services and Percentage Changes

For the years ended March 31

	Number of Services				
	1986	1987	1988	1989	1990
BASIC HEALTH SERVICES					
Medical	25,221,311	26,375,647	26,874,732	27,276,842	
Percentage Change (%)	7.73%	4.58%	1.89%	1.50%	
Oral Surgery	67,480	74,885	70,894	62,769	
Percentage Change (%)	32.87%	10.97%	−5.33%	−11.46%	
Chiropractic	1,839,149	1,908,708	1,891,672	2,025,540	
Percentage Change (%)	3.13%	3.78%	−0.89%	7.08%	
Optometry	383,271	401,011	278,746	411,878	
Percentage Change (%)	3.13%	4.63%	−30.49%	47.76%	
Podiatry	126,492	129,792	133,232	141,801	
Percentage Change (%)	0.39%	2.61%	2.65%	6.43%	
Physical Therapy	2,806,073	3,321,676	3,488,641	3,818,442	
Percentage Change (%)	29.02%	18.37%	5.03%	9.45%	
EXTENDED HEALTH BENEFITS					
Dentists	479,835	512,958	584,819	595,604	
Percentage Change (%)	22.65%	6.90%	14.01%	1.84%	
Denturists	58,249	71,979	81,402	84,208	
Percentage Change (%)	36.53%	23.57%	13.09%	3.45%	
Optometrists	89,508	91,471	89,495	90,214	
Percentage Change (%)	11.05%	2.19%	−2.16%	0.80%	
Ophthalmic Dispensers	89,016	97,296	102,107	105,728	
Percentage Change (%)	14.59%	9.30%	4.94%	3.55%	

NOTES: A. Included are services provided in Alberta on a fee-for-service basis.

B. See notes in "Explanatory Comments".

EXTENDED HEALTH BENEFITS

TABLE 24

Fee-For-Service Payments and Services Per Registration and Patient
For the year ended March 31, 1990

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Dentists	$23,410,597	626,049	$37.39	66,520	$351.93	9	81,606	$286.87	8
Denturists	9,035,042	98,685	91.55	22,162	407.68	4	24,047	375.72	4
Optometrists	2,852,881	96,803	29.47	22,052	129.37	4	24,149	118.14	4
Ophthalmic Dispensers	3,422,700	113,517	30.15	26,467	129.32	4	28,964	118.17	4
TOTAL	$38,721,220	935,054	$41.41	104,206	$371.58	9	131,892	$293.58	7

NOTES: A. Included are Extended Health Benefits provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta.

C. See notes in "Explanatory Comments".

EXTENDED HEALTH BENEFITS
SELECTED INDICATORS
For the years ended March 31

TABLE 25

	1988	1989	1990	Percentage Change 1989/1988	Percentage Change 1990/1989
Number of Registered Persons	247,827	255,929		3.27%	
Number of Practitioners	1,777	1,810		1.86%	
Dentists	1,201	1,212		0.92%	
Denturists	166	169		1.81%	
Optometrists	181	176		-2.76%	
Ophthalmic Dispensers	229	253		10.48%	
Total Payments	$36,047,399	$36,065,113		0.05%	
Dentists	22,751,230	22,540,225		-0.93%	
Denturists	7,849,042	7,916,312		0.86%	
Optometrists	2,538,136	2,576,541		1.51%	
Ophthalmic Dispensers	2,908,991	3,032,035		4.23%	
Total Payment Per 1,000 Persons	$ 145,454	$ 140,918		-3.12%	
Total Services	857,823	875,754		2.09%	
Dentists	584,819	595,604		1.84%	
Denturists	81,402	84,208		3.45%	
Optometrists	89,495	90,214		0.80%	
Ophthalmic Dispensers	102,107	105,728		3.55%	
Total Number of Services Per 1,000 Persons	3,461	3,422		-1.13%	
Average Payments	$ 20,286	$ 19,925		-1.78%	
Dentists	18,944	18,598		-1.83%	
Denturists	47,283	46,842		-0.93%	
Optometrists	14,023	14,639		4.39%	
Ophthalmic Dispensers	12,703	11,984		-5.66%	
Discrete Patients	122,392	124,205		1.48%	
Discrete Patients Per Practitioner	69	69		Nil	

NOTES: A. Only fee-for-service items paid to practitioners in Alberta are included.

B. See notes in "Explanatory Comments".

EXTENDED HEALTH BENEFITS

TABLE 26

PERCENTAGE CHANGES IN THE SCHEDULE OF BENEFITS

Effective Date \ Discipline	Dentists	Denturists	Optometrists	Ophthalmic Dispensers
	(%)	(%)	(%)	(%)
July 1, 1974	5.56	5.88	Nil	Nil
January 1, 1976	9.00	9.00	9.00	9.00
January 1, 1977	7.00	7.00	7.00	7.00
January 1, 1978	6.47	6.47	6.47	6.47
January 1, 1979	7.00	36.00	7.00	7.00
July 1, 1979	Nil	8.00	Nil	Nil
January 1, 1980	10.50	7.00	8.50	8.50
January 1, 1981	11.60	11.00	38.30*	36.50*
January 1, 1982	18.70	12.00	13.00	13.00
January 1, 1983	5.00	5.00	5.00	5.00
April 1, 1986	4.65	4.65	4.65	4.65
August 1, 1989	4.50	5.30	Nil	5.70
September 30, 1989	Nil	Nil	5.70	Nil

* Effective January 1, 1981, the rate payable to optometrists and ophthalmic dispensers for new frames was increased from $7.30 to $30.00, while the rates payable for all other optometric benefits were increased by 11.00%. The overall increases in the Benefit Schedules for optometrists and ophthalmic dispensers were not the same due to differences in the utilization patterns of the two disciplines.

Note: The Extended Health Benefits Program was introduced on January 1, 1974.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP
Registrations and Persons Covered by Level of Premium Payment
at March 31

TABLE 27

		Regular Premium Rates			Reduced Premium Rates			Registrant or Spouse Age 65 or Older			Widows' Pension			Total		
		1988	1989	1990	1988	1989	1990	1988	1989	1990	1988	1989	1990	1988	1989	1990
One Person	Registrations	16,260	16,393		10,399	9,021		93,388	97,218		3,245	3,193		123,292	125,825	
	Persons	16,260	16,393		10,399	9,021		93,388	97,218		3,245	3,193		123,292	125,825	
Two Persons	Registrations	13,036	13,757		6,699	5,910		69,334	71,754		318	282		89,387	91,703	
	Persons	26,072	27,514		13,398	11,820		138,668	143,508		636	564		178,774	183,406	
Three or More Persons	Registrations	20,979	20,625		9,623	8,056		3,569	3,448		27	14		34,198	32,143	
	Persons	84,636	83,623		40,384	34,066		11,745	11,337		145	109		136,910	129,135	
TOTAL	Registrations	50,275	50,775		26,721	22,987		166,291	172,420		3,590	3,489		246,877	249,671	
	Persons	126,968	127,530		64,181	54,907		243,801	252,063		4,026	3,866		438,976	438,366	

NOTES: A. Those who were eligible for Basic Health Services at reduced premium rates were eligible for Alberta Blue Cross Non-Group coverage at reduced premium rates, but were not exempted from payment of the premium.

B. See notes in "Explanatory Comments".

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

TABLE 28

Persons Covered by Age and Sex
at March 31

Age	Male			Female			Total		
	1988	1989	1990	1988	1989	1990	1988	1989	1990
Under 1	1,460	1,353		1,443	1,225		2,903	2,578	
1 - 4	6,290	5,783		5,974	5,511		12,264	11,294	
5 - 14	16,110	15,389		14,945	14,234		31,055	29,623	
15 - 24	17,138	15,647		16,705	15,460		33,843	31,107	
25 - 44	25,533	23,930		28,811	27,225		54,344	51,155	
45 - 64	35,521	35,451		56,983	57,156		92,504	92,607	
65 & Older*	92,685	95,879		119,378	124,123		212,063	220,002	
TOTAL	194,737	193,432	192,981	244,239	244,934	246,831	438,976	438,366	439,812

* The number of persons in this age group differs from the number of persons shown in Table 8 as only those registrations where the age of the person 65 years or older has been verified are provided with premium exempt Alberta Blue Cross coverage.

EMERGENCY FINANCIAL ASSISTANCE PROGRAM

TABLE 29

Applications Reviewed
For the years ended March 31

	Applications			Approved			Refused			Amount Paid					
										Medical Services			Hospital Services		
	1988	1989	1990	1988	1989	1990	1988	1989	1990	1988	1989	1990	1988	1989	1990
Required Services Not Available In Alberta	122	214		105	160		17	54		$697,400	$817,695		$1,875,927	$2,071,502	
Emergency Services	11	24		11	22		0	2		30,581	58,259		238,157	207,289	
TOTAL	133	238		116	182		17	56		$727,981	$875,954		$2,114,084	$2,278,791	